# Community Use Application Form

I am applying for occupancy of the following building. (Please complete separate forms if applying for both buildings).

□ Old Library on Stella Bull Park, Greytown

□ Old Courthouse on Clifford Square, Featherston

#### Community Group Details

|  |  |
| --- | --- |
| Group or business name |  |
| Business registration no. (if any) |  |
| Postal address |  |
| Phone |  |
| Email |  |
| Website |  |

#### Contact Person Details

|  |  |
| --- | --- |
| Full name: |  |
| Position: |  |
| Daytime contact phone number: |  |
| Email: |  |
| Postal address: |  |

#### Proposed Lease Details

|  |  |
| --- | --- |
| Initial term: |  |
| Renewal term: |  |
| Number of renewals: |  |

#### Eligibility & Structure

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organisation type | **☐** Sole Proprietorship | **☐** Partnership | | **☐** Company |
|  | **☐** Registered Charity | **☐** Incorporated Society | | **☐** Trust |
|  | **☐** Charitable Trust | **☐** Other: |  | |

|  |  |  |
| --- | --- | --- |
| Charity’s registration number: |  | |
| Are you a not-for-profit | **☐** Yes | **☐** No |

Under what governance structure does your community group operate?

#### Group Purpose & Community Benefit

Please indicate and describe the primary purpose of your community group.

|  |  |  |  |
| --- | --- | --- | --- |
| **☐** Sports/recreation | **☐** Arts | **☐** Social |  |
| **☐** Childcare/Education | **☐** Community | **☐** Other |  |

Please explain how your service benefits your local community, or the wider South Wairarapa district community.

Please explain how your service supports Council’s community outcomes as defined in the Long-Term Plan.

* See page 16 of the Long-Term Plan at https://swdc.govt.nz/wp-content/uploads/LTP-2021-2031-final-12July21.pdf

Explain why your business requires a community occupancy lease or licence-to-occupy.

* What would your group do if Council land was not available?
* What effect would this have on the group or its sustainability?
* Would other options be feasible e.g. shared facility?

#### Proposed Building Use

Describe your community group’s proposed use of the building:

* What services will your community group use the building to provide, e.g. types of activities, programmes.

How often will your community group use the building?

* Please specify time of use and purpose e.g. 1-2pm meeting, 5-7pm yoga class

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Will your group share the building with other non-group users? | **☐** Yes | **☐** No |

If ‘yes’ please detail, if ‘no’ please comment on whether you would you be willing to share the property with other compatible groups?

|  |  |  |
| --- | --- | --- |
| Do you propose to sub-lease the building? | **☐** Yes | **☐** No |

If ‘yes’ please describe. (A sub-lease requires Council’s approval, whereas hireage does not).

|  |  |  |
| --- | --- | --- |
| Will there be any commercial activities undertaken in the building? | **☐** Yes | **☐** No |

If ‘yes’, please outline the entity that would operate commercial activity and for what purpose. Please also complete the commercial activity application form. (Commercial activities require Council approval, but one-off fundraisers do not e.g. sausage sizzle)

Please describe how the activity may affect the amenity of other reserve/park users or neighbours? Consider:

* Hours of operation
* Noise (levels, hours, type)
* Lighting (lux level, spread, hours)
* Parking requirements or members/users and the effect of this on the users
* Provision of a facility of the wider community or exclusion of other activities

#### Membership & Financials

|  |  |
| --- | --- |
| What is the establishment date of your group? |  |
| Number of paid staff (part or full time) in past year |  |
| Number of volunteers in past year |  |

|  |  |  |
| --- | --- | --- |
| Are there any membership or participation restrictions e.g. age, gender, location, maximum? | **☐** Yes | **☐** No |

If ‘yes’ please describe the restrictions.

Please detail membership/service users fees and numbers over the past year in the table provided.

|  |  |  |
| --- | --- | --- |
| Type of membership / users of service (please specify) | Annual membership fee | Number of members / users |
| Juniors |  |  |
| Adults |  |  |
| Seniors/masters |  |  |
| Social |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total female |  |  |
| Total male |  |  |
| Grand Total |  |  |

|  |  |
| --- | --- |
| Total number of participants in the past year: |  |
| Any other uses not already covered above: |  |

Please provide relevant details:

Describe your membership trend over the last five years e.g. increasing, stable, declining?

Please complete the following membership number table.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Current | 1-year ago | 2-years ago | 3-years ago | 4-years ago |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Do you have any concerns about the sustainability of your group e.g. low membership? | **☐** Yes | **☐** No |

If ‘yes’, please explain your concerns and your plans to increase sustainability in the future or alternate options.

* Concerns such as low membership, lack of available funds, lack of volunteers, etc.
* Alternate options such as amalgamation, sharing the building, regularly booking the building out for hire, etc

Please complete the following for your groups’ previous three financial years.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year / Period | Income | Expenditure | Surplus / Deficit | Central Govt. Funding | Current Funds at Hand |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

#### Other

Outline any other points you consider relevant to the application that are not covered above.

#### Supporting Documentation

Please attach the following supporting documents to support your application if you wish.

1. Proof of organisation type/status
2. Proposal to support application
3. Existing or forecasted budget
4. Applicable licences, permits, certifications or qualifications
5. Copy of insurance e.g. public liability

#### Declaration

|  |  |
| --- | --- |
| Full name: |  |
| Position: |  |

|  |  |
| --- | --- |
| In making this application I declare I am authorised to do so and to the best of my knowledge the information provided is true and correct. | **☐** |

#### Submission

Please submit your completed application by 4pm on Thursday the 29th of February 2024.

|  |  |  |
| --- | --- | --- |
| Email: |  | [amenities.shared@swdc.govt.nz](mailto:amenities.shared@swdc.govt.nz) |
| Post to: |  | Property Portfolio Advisor, South Wairarapa District Council, Private Bag 6, Martinborough 5741 |
| Delivery: |  | Property Portfolio Advisor, South Wairarapa District Council, 19 Kitchener Street, Martinborough |